

GMT Patch EAS*1*13 changes shown in red

PIMS V. 5.3 ADT Module User Manual

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GMT Thresholds Lookup by Zip Code

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Overview

GMT THRESHOLDS LOOKUP BY ZIP CODE

This option displays GMT thresholds values for valid zip code.

HARDSHIPS

This option allows the user to grant, edit, and delete hardships for the current Means Test.

VIEW A PAST MEANS TEST

This option allows viewing of past Means Tests.

VIEW MEANS TEST EDITING ACTIVITY

This option provides a method of viewing specific changes made to Means Test data for a selected patient.

Means Test User Menu

GMT Thresholds Lookup by ZIP Code

On January 23, 2002, President Bush signed into law H.R. 3477, The Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. Section 202 of this Act requires the implementation of U.S. Department of Housing and Urban Development (HUD) Indices to determine geographic income thresholds in support of more discrete means testing. A new GMT copayment status identifies veterans who qualify for a reduced inpatient copayment rate. The effective date of the regulation to support this legislation is October 1, 2002. Like traditional Means Test thresholds, the GMT Thresholds will be applied in a retrospective manner (i.e., HUD Indices published in Calendar Year 2002 will be used for Means Tests performed in Calendar Year 2003). Information about HUD income limits is available on the Data Sets Page of the HUD User Web Site at <http://www.huduser.org/datasets/il.html>.

The GMT Thresholds will be uploaded into **VISTA** annually, along with the traditional means test threshold values, in a patch released in December of each year. They will be activated on January 1st of each year. The indices from previous years will be stored indefinitely in both **VISTA** and HEC systems. For information about the implementation of HUD Indices, refer to the GMT Installation Guide and GMT Technical Manual.

The GMT software provides the following functionality:

- Automatically populates City, State, and County fields of the Patient Demographics Screen when ZIP Code is entered during patient registration or edit of patient demographic data (load/edit)
- State and County fields can only be edited by users who hold the EAS GMT COUNTY EDIT security key
- Automatically updates address changes sent from the HEC
- A conversion of veterans based on their existing financial assessment information will be run at the HEC. An ongoing process assigns veterans to the appropriate medical care copayment and enrollment priority group upon completion of a financial assessment.
- NSC and noncompensable 0% SC veterans with current income above the MT Threshold and below the applicable GMT Threshold will be placed in the new Means Test status, "GMT Copayment Required". These veterans will be assigned to Enrollment Priority Group 7 (unless Catastrophically Disabled [CD] or exposed to Agent Orange, Ionizing Radiation, or Environmental Contaminants). Veterans who are in GMT Copay Required status must submit income for yearly testing.

- Veterans who are subject to the full inpatient medical care copayment and placed in the new Enrollment Priority Group 8 (unless CD or exposed to toxic substances) include:
 - Veterans with income greater than the GMT threshold
 - Veterans declining to provide income info
 - Veterans with income greater than the MT threshold who live in an area where the GMT threshold is less than or equal to the MT threshold
 - Veterans with income above the MT threshold whose income info is over one year old at the time the GMT software is installed
- Although this does not affect the GMT functionality, all user viewable references to Category A and Category C means test statuses in enrollment-related software have been modified to reflect the following changes:
 - Category A (Cat A) is now MT Copay Exempt
 - Category C (Cat C) is now MT Copay Required
- A variety of reports and data screens have been modified to display Enrollment Priority Group 8 and GMT Copayment Required status.
- Provides a new user option, GMT Thresholds Lookup by ZIP Code, which displays GMT Threshold values for a valid user-specified ZIP Code
- Adds a new field, “Hardship Reason”, to the Hardship Determinations Screen.

The GMT Thresholds Lookup by ZIP Code option is used to display GMT Threshold values for a valid Postal Code (a.k.a. ZIP Code). The only user prompt is “ZIP Code:”, and a response is required. You must enter a ZIP Code or a city name to generate an output, or a caret (^) to return to the menu. If you enter a city name and the software finds multiple cities with the same name, it returns a list of the cities with their corresponding ZIP Codes from which you can make your selection.

The software returns the following information for a valid ZIP Code:

- ZIP Code
- County Name
- State
- Income year in which the GMT Thresholds apply
- Federal Information Processing Standard (FIPS) [County] Code
- Number of family members in household
- GMT Threshold dollar amounts for up to eight members in household
- Family size adjustments information for all income limits
- The formula for determining GMT Threshold dollar amounts for households with more than eight family members

Means Test User Menu Hardships

This option replaces the Change a Patient's Means Test Category option. It allows users to grant, edit, and delete hardships for the current Means Test.

Hardship Determinations continue to be the responsibility of the VAMCs; however, they will be sent to the HEC and distributed nationally along with the Primary Means Test to all VAMCs that the veteran has visited. Once granted, a Hardship is in effect until a new Means Test is required. The VAMC that granted the hardship will retain the original Means Test Status when the status changes. For example, if a Hardship determination changes the original status from MT Copay Required to MT Copay Exempt, the new status is stored as the Means Test status. The original status is then stored as Test Determined Status.

After the GMT conversion runs at the HEC, if a veteran's Means Test status is MT Copay Required, the user is prompted to enter the status (GMT Copay Required or MT Copay Exempt) and a Hardship Reason.

The Hardship Determinations screen provides the following List Manager actions.

Grant Hardship

Allows you to grant hardships for current Means Tests for the selected patient. Prompts for Hardship Effective Date and Hardship Review Date. Once granted, a hardship remains in effect until a new Means Test is required.

Edit Hardship

Allows you to edit hardships for current Means Tests for the selected patient. Prompts for Hardship Effective Date and Hardship Review Date. Only the VAMC that determines the hardship can edit or delete it.

Delete Hardship

Allows you to delete hardships for current Means Tests for the selected patient. Only the VAMC that determines the hardship can edit or delete it. When a hardship is deleted, no record of it is retained in the database.

Edit Comments

Allows you to add, edit, and delete comments related to hardships for current Means Tests for the selected patient.

Access to this option is limited to holders of the DG MEANSTEST security key.

PIMS V. 5.3 ADT Module User Manual

Registration Menu

View Patient Address

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10-10T Registration

Add/Edit/Delete Catastrophic Disability

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- Add a Copay Exemption Test

- Copay Exempt Test Needing Update at Next Appt.

- Edit an Existing Copay Exemption Test

- List Incomplete Copay Exemption Test

- View a Past Copay Test

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Eligibility Inquiry for Patient Billing

Eligibility Verification

Enter/Edit Patient Security Level

Load/Edit Patient Data

Means Test User Menu

- Add a New Means Test

- Adjudicate a Means Test

- Complete a Required Means Test

- Document Comments on a Means Test

- Edit an Existing Means Test

- GMT Thresholds Lookup by Zip Code**

- Hardships

- View a Past Means Test

Patient Inquiry

Overview

This menu contains those options related to the processing of patient applications for care. This includes creation and editing of patient records, assigning a sensitive security level to certain patient records in order to restrict user access, registration and disposition, determination of need for and performance of Means Tests and Copay Tests, and updating eligibility status on a patient.

Central to just about all functions in the ADT system is the creation of patient records in your computer. This will usually be accomplished through the Register A Patient option at the time a patient applies for care at your facility. If a patient is not applying for care, but you wish to enter them into your database, you should do so using the Load/Edit Patient Data option rather than Register A Patient.

The information necessary to create a patient's record is gathered and displayed via a series of formatted data screens. You will see these screens in several other registration-related options as well as Register A Patient and Load/Edit Patient Data. The information which is gathered on each patient depends upon their patient type assignment; i.e., non-service connected, service connected, employee, etc. There are a number of exported patient types, and your site also has the ability to enter its own. For each patient type various Registration Screens may be turned OFF and ON depending upon what information is needed for that particular patient type. You will find this more fully explained in the documentation pertaining to those options that utilize the screens.

The following menus/options are included in the Registration menu.

VIEW PATIENT ADDRESS

This menu option allows a user to view the Patient's address, along with Address Change Date, Address Change Source, and Address Change Site (if applicable).

DISPOSITION AN APPLICATION

This option is used to enter the final outcome of a registration; i.e., whether the patient was admitted, scheduled for a return visit, treated with no further care necessary, etc.

PATIENT ENROLLMENT

This option is used to enroll patients that are eligible for care. This option is also used to cease enrollment, expand an enrollment history record, and update a patient's preferred facility.

PURPLE HEART REQUEST HISTORY

This option lists the history entries of all updates to the Purple Heart Indicator, Status, and Remarks fields for an individual patient.

Overview

COMPLETE A REQUIRED MEANS TEST

This option allows completion of Means Tests for patients in a REQUIRED status, whose names appear on the Means Test List.

DOCUMENT COMMENTS ON A MEANS TEST

This option is used to add/edit/delete free-text comments on a selected Means Test.

EDIT AN EXISTING MEANS TEST

This option is used to make changes to and/or view data in existing Means Tests. You must hold the DG MEANSTEST security key in order to use this option.

GMT THRESHOLDS LOOKUP BY ZIP CODE

This option displays GMT threshold values for valid zip code.

HARDSHIPS

This option allows the user to grant, edit, and delete hardships for the current Means Test.

VIEW A PAST MEANS TEST

This option allows viewing of past Means Tests data.

PATIENT INQUIRY

This option displays current patient information including basic demographic information, inpatient status, and future appointments.

PREREGISTRATION MENU

DISPLAY PREREGISTRATION CALL LIST

This option displays the Preregistration Call List in List Manager screen format.

OUTPUTS FOR PREREGISTRATION

CALLING STATISTICS REPORT

This option prints the Preregistration Call Statistics report which provides a breakdown of the current entries in the PRE-REGISTRATION CALL LOG file (#41.43).

PRE-REGISTRATION SOURCE REPORT

This option prints a report containing information on preregistration insurance and billing policies.

View Patient Address

This option is used to view a patient's address and change information associated with the address. The user is prompted to select a patient's name and print device. The output includes the following information:

- Patient Name
- Patient Address
- Address Change Date
- Address Change Source
- Address Change Site

Means Test User Menu

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Registration Supplement

SCREEN 1, cont.

DATA GROUP 1

Once a patient's eligibility has been verified, the information contained in this data group may not be edited by anyone not holding the DG ELIGIBILITY security key. Up until the time of eligibility verification, any user may enter/edit these fields. After verification, it will be available for viewing to all users; however, only holders of the DG ELIGIBILITY security key will be able to enter/edit the information.

NAME - Enter the applicant's name; last, first, middle initial (3-30 characters).

SOCIAL SECURITY NUMBER - Enter the applicant's social security number as 9 digits. If the SSN is unknown and it is necessary to assign a pseudo SSN, enter a P. The system will compute and insert the appropriate SSN. You may enter a <> for an explanation of how the pseudo SSN is computed.

DATE OF BIRTH - Enter the applicant's date of birth.

DATA GROUP 2

ALIAS - Alternate name (if any) the applicant uses (2-30 characters). An entry in this field will be automatically cross-referenced and the applicant may be called up using this alias. This is a multiple field; you will be returned to this prompt repeatedly until no more entries are made. For each entry, the following will be prompted.

ALIAS SSN - Alternate social security number applicant uses, if any.

DATA GROUP 3

REMARKS - You may enter a free text comment (3-60 characters) regarding the patient. If a patient has been declared ineligible, a remark to indicate this will automatically be inserted into this field.

DATA GROUP 4

STREET ADDRESS [LINE 1] - Enter applicant's street address (3-35 characters). Up to 2 lines may be entered for the street address.

STREET ADDRESS [LINE 1]

STREET ADDRESS [LINE 2] (3 – 30 characters)

ZIP+4 - Enter applicant's residence zip code (5 or 9 digits).

CITY - Enter applicant's city of residence (2-15 characters).

STATE - Enter applicant's state of residence or state code (must be in STATE file). Enter a <> for display of STATE file.

Registration Supplement

SCREEN 1, cont.

DATA GROUP 4, cont.

COUNTY – Prepopulated, no user entry required.

PHONE NUMBER [RESIDENCE] - Enter applicant's residence telephone number.

PHONE NUMBER [WORK] - Enter applicant's business telephone number (4-20 characters).

DATA GROUP 5

This data group allows you to enter a temporary address for the applicant. If a temporary address is already on file and NO is answered at the first prompt, the START DATE and END DATE will automatically be deleted. The address will remain on file but may only be viewed/edited when YES is answered at the first prompt. To delete all temporary address data, answer NO at the first prompt and YES at the following prompt: "Do you want to delete all temporary address data?". To retain all data on file, enter an up-arrow <^> at the primary prompt.

TEMPORARY ADDRESS ACTIVE? - YES/NO - If YES, the following fields will also be prompted.

TEMPORARY ADDRESS START DATE - Beginning date at temporary address.

TEMPORARY ADDRESS END DATE - Ending date applicant will be at temporary address.

TEMPORARY STREET [LINE 1]		
TEMPORARY STREET [LINE 2]		
TEMPORARY STREET [LINE 3]		Enter applicant's temporary address/phone
TEMPORARY CITY		
TEMPORARY STATE		
TEMPORARY ZIP+4		
TEMPORARY ADDRESS COUNTY		
TEMPORARY PHONE NUMBER		

PATIENT DATA SCREEN <2>

PATIENT NAME;SSN

TYPE

=====

[1] Sex:	POB:
Marital:	Father:
Religion:	Mother:
SCI:	Mom's Maiden:

[2] Previous Care Date Location of Previous Care

<RET> to CONTINUE, 1-2 or ALL to EDIT, ^N for screen N, or '^' to QUIT: